

TAMALA HOLLAND  
PARALEGAL SPECIALIST  
DESIGNATED OFFICE  
703-6483

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			
2		1		1			52			
3		2			1		53			
4		2			1		54			
5		2			1		55			
6		1			1		56			
7					1		57			
8					1		58			
9					1		59			
10					1		60			
11					1		61			
12					1		62			
13					1		63			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			/				TOTAL IND.			
TOTAL DEP.			12				TOTAL DEP.			
TOTAL CLAIMS			13				TOTAL CLAIMS			